NITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of:

Reginald Hunter

Serial No.:

09/685,191

Confirmation No.:

5577

Filed:

October 6, 2000

Method and Apparatus to

Provide For Automated Process Verification and Hierarchical

Substrate Examination

MAIL STOP AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Group Art Unit:

2877

Examiner:

Zandra V. Smith

CERTIFICATE OF MAILING

37 CFR 1.8

I hereby certify that this correspondence is being deposited on , 2004 with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

RESPONSE TO OFFICE ACTION DATED AUGUST 24, 2004

In response to the Office Action dated August 24, 2004, having a shortened statutory period for response set to expire on November 24, 2004, please enter this response and reconsider the claims pending in the application for reasons discussed below. Although Applicant believes that no fee is due in connection with this response, 01/26/2005 the Commissioner is hereby, authorized to charge counsel's Deposit Account No. 20-01 FC:1201 0782/AMAT/3083.P7/AOP, for any fees, including extension of time fees or excess claim fees, required to make this response timely and acceptable to the Office.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper. Remarks begin on page 9 of this paper.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/685,19/

CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE		OTHER SMALL	THAN
TOTAL CLAIMS			RATE	FEE		PATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA	BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS	21 - minus 20=	. 4	X\$ 9=		OR	X\$18=	18:00
INDEPENDENT CLAIMS 3 - minus 3 =			X4 © =		OR	X8 g =	
MULTIPLE DEPENDENT CLAIM P	RESENT		+135=		OR	+2780=	
* If the difference in column 1 is less than zero, enter "0" in column 2			TOTAL		OR	TOTAL	77400
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)				ENTITY	OR	OTHER SMALL I	. X
(Column 1) CLAIMS	(Colur HIGH	The state of the s		ADDI-			ADDI-
REMAINING AFTER AMENDMENT	NUM PREVIO PAID	DUSLY EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
REMAINING AFTER AMENDMENT Total Independent • 5	Minus + 2	=	X\$ 9=		OR	X\$18=	
Independent . 5	Minus *** 3	= 2	×4 3 =		OR	X8 € =	1725
FIRST PRESENTATION OF MI	JETIPLE DEPENDENT	CLAIM .	+148=		OR	+2 9 0=	
·	•		TOTAL ADDIT, FEE		OR.	TOTAL ADDIT, FEE	
(Column 1)	(Colur	nn 2) (Column 3)	ADDII. FEE				
CLAIMS	HIGH NUM PREVIO	EST BER PRESENT	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT	PAID		<u> </u>	FEE			FEE
Total - 24	Minus 🚓 🐊	=	X\$ 9=		OR	X\$18=	
Total + 2-0 Independent + 2	Minus +++ 5	= 2	×42=		OR	X8 4 =	1325
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			+14 g =		OR	+2 9 0=	
	•		TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	172.50
(Column 1)	(Colur	nn 2) (Column 3)	,00			•	
CLAIMS REMAINING	HIGH NUM PREVIC PAID	BER PRESENT DUSLY EXTRA	RATE	ADDI- TIONAL FEE :		RATE	ADDI- TIONAL FEE
Total * 9	Minus **	21 = 3	X\$ 9=		OR	X\$18=	
Total * 9 Independent * 8	Minus ***	7 = 1	X42=		OR	X84=	86
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			+140=		OR	+280=	0
* If the entry in column 1 is less than the entry in column 2, write "o" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."					<u>. </u>	TOTAL ADDIT. FEE	99
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriat box in column 1.							